

P.O. Box 10631
12815 Statesville Road
Huntersville, NC 28078

PRIORITY

DEAL # _____

Date **08/19/2019**

Sales Rep. **George Billett**

(704) 875-3232
803-366-5650 Fax

Name **Phil Gibbons** Cobuyer _____
Home# _____ Cell# **(704) 808-0277** Address _____
City _____ County _____ St _____ Zip _____ DOB **//**

NEW	Stock#	HP744577	Vin Number	1C4AJWAG4FL744577	Cyl	4	Yr	2015
USED	Make	Jeep	Model	Wrangler	Body	Sport 2dr 4x4		
5 SP	Color	Billet Silver	Mileage	16600	Email	phil@gibbonsleis.com		
AUTO								

<input type="checkbox"/>	Copy of Drivers License	<input type="checkbox"/>	MSRP	42,000.00
<input type="checkbox"/>	Completed Mgm't Signed Appraisal Form	<input type="checkbox"/>	ACCESSORIES OR WE OWE	
<input type="checkbox"/>	Title to Trade	<input type="checkbox"/>	OIL CHANGES FOR LIFE	.00
<input type="checkbox"/>	Completed Payoff Info. (15 day)	<input type="checkbox"/>	STATE INSPECTION FOR LIFE	.00
<input type="checkbox"/>	Registration/Copy of Plate	<input type="checkbox"/>	TOWING FOR LIFE	.00
<input type="checkbox"/>	Completed/Signed Credit Application	<input type="checkbox"/>	PRIORITIES FOR LIFE	.00
<input type="checkbox"/>	Privacy Notice	<input type="checkbox"/>	\$2400 VALUE	.00
<input type="checkbox"/>	We Owe	<input type="checkbox"/>		
<input type="checkbox"/>	Carfax/Buyers Guide	<input type="checkbox"/>		
<input type="checkbox"/>	Insurance Completed & Verified	<input type="checkbox"/>		
<input type="checkbox"/>	Owner Survey	<input type="checkbox"/>		

PAYOFF TO:	LIEN TO	SUB TOTAL	42,000.00
ADDRESS	ADDRESS	SALES TAX	173.97
		SRVC AGREEMENT	
ACCT. #		CLOSING FEE	799.00
AMT. 31,870.00	DATE	TAG/TITLES FEE	218.00
GOOD UNTIL 8/19/2019		TOTAL CASH PRICE	43,190.97
PER DIEM		RECEIPT #	
QUOTED BY		PAYMENT WITH ORDER - Not Returnable After 7 Days.	
VERIFIED BY			

TRADE I.D. NO. **1C4BJWFG1FL572165**

YEAR **2015** MAKE **JEEP** MODEL **WRANGLER UNLIMITED**

BODY _____ COLOR _____ MILEAGE **26685**

ALLOWANCE **37,000.00** BALANCE OWED **31,870.00**

INSURANCE AGENT _____
ADDRESS _____
PHONE NUMBER _____
INSURANCE COMP. _____
POLICY NUMBER _____
EFFECTIVE DATES _____
DEDUCTIBLE _____ COLL. COMP. _____
VERIFIED BY _____
Signature *[Signature]*

PARTIAL PAYMENT **7,060.97**
TOTAL DOWN PAYMENT **12,190.97**
UNPAID BALANCE **31,000.00**

*5000 COVERED
BY COMPANY*